

COMPLAINT FORM



Bureau of Radiation Control (512) 834-6688 Investigation Program

COMPLAINANT INFORMATION (PERSON REPORTING). IF YOU WISH TO REMAIN ANONYMOUS PLEASE SKIP TO THE INFORMATION ON ALLEGED VIOLATOR SECTION. Name: Address: Street Address Home Phone: Work Phone: INFORMATION ON ALLEGED VIOLATOR Name: License or Registration Number (if known): Address: Street Address Business Phone: Other Phone: SUPPORTING DOCUMENTATION Attach documentation such as charts, notes, records; also, names, addresses, and phone numbers of others who may have information about the alleged violations, etc. **DETAILS OF COMPLAINT** Dates of Violations: From: To: Details of Complaint: (Page one of two)

Dates of Violations: From:To:
Details of Complaint:
Signature of Complainant (Optional) (Page two of two)

Mail your completed packet to:
Texas Department of Health
Bureau of Radiation Control
Compliance and Inspection
1100 West 49th Street
Austin, Texas 78756-3189
or

you may email to: robert.free@tdh.state.tx.us